

Application for Employment

Please print in ink (preferably black) and complete this application in its entirety.



An Equal Opportunity Employer

The City of Frederick is an equal employment opportunity employer and shall not discriminate against any applicant because of race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, marital status, veteran/reserve/national guard status, genetic information, or any other legally protected group. We are committed to Affirmative Action. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance may be obtained by calling the Human Resources Department.

False or misleading statements or omissions may be cause for rejection or for dismissal following employment. It is not acceptable to substitute a resume for any part of the application. The application must be completed in its entirety; "See resume" is not acceptable. **Note:** Physical examination for job requirements and drug testing are required prior to being employed and are paid for by the City.

POSITION APPLIED: _____ **JOB ANNOUNCEMENT #** _____

1. PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS					
CITY		STATE		ZIP	
HOME PHONE #	CELL PHONE #	WORK PHONE #	E-MAIL		
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF FREDERICK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list dates of employment _____					

2. EDUCATION

High School		
Number of years completed: _____ Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No OR GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and location of High School: _____		
College, Vocational, Business, and Graduate Level:		
NAME & LOCATION OF SCHOOL	MAJOR SUBJECT	DEGREE

3. SPECIAL SKILLS

List any Skills, Certificates, or Equipment experience relevant to the job for which you are applying: _____ _____

4. ELIGIBILITY

If selected, can you verify that you are 18 Years of Age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a valid Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you either a United States citizen or an Alien who has the Legal Right to Work in the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Pursuant to the Immigration Reform and Control Act of 1986, if you are hired, you must produce, within 72 hours, documents that are specified by the Federal Government, establishing your identity and authorization for employment in the United States.</i>

*If applying for a position as a **Police Officer**,*

Can you verify that you are at least 20 ½ Years of Age? Yes No
 Can you furnish proof that you are a United States Citizen? Yes No
 Have you ever been employed as a Police Officer? Yes No
 If yes, where? _____

Please complete this section only if the position for which you are applying requires that you drive a motor vehicle as a job duty.

Do you have a **Valid Driver's License in good standing**? Yes No

Driver's License #: _____ Class of Driver's License: _____

State in which issued: _____

Have you been **Convicted of any violation of a Federal, State, County, or Municipal law, regulation or ordinance?**
(Include Military Courts-Martial, traffic arrests, and paid traffic citations. Do not list any criminal charges for which the records have been expunged. Note: This information is used as a tool in consideration for employment. A criminal offense will not necessarily bar employment.) Yes No
 Date: _____

Court: _____ Disposition: _____

If yes, please describe in full: _____

5. EMPLOYMENT HISTORY: Please complete this section **entirely**, provide the following information of your current and past employment history, relevant assignments/volunteer activities for a period of up to 10 years. Begin with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Employer:		Job Title:
Address:		Telephone Number:
Dates of Employment:	From:	To:
Name & Title of Supervisor:		Final Salary:
Description of Duties:		
Reason for Leaving:		

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6. PERSONAL REFERENCES: (Do not list relatives or employers)

NAME	ADDRESS	DAYTIME TELEPHONE	RELATIONSHIP

May we contact your present employer in reference to your qualifications? Yes No
 May we contact your former employers in reference to your qualifications? Yes No
 Do you have any friends or relatives working for The City of Frederick? Yes No
 If yes, please list their names and your relationship to them:

NAME	RELATIONSHIP	POSITION HELD WITH CITY

If offered the position, when can you start work? _____
 What is minimum pay you will accept? _____

7. CERTIFICATION (Read carefully before signing. Application must be signed to be considered for employment.)

I hereby certify my understanding of the following as indicated by my signature below:

- This application is valid only for the position for which I have applied.
- The information contained in this application is true and complete. I hereby authorize investigation of all statements contained in this application. I understand that falsification or omissions made by me of information herein (and/or in connection with this pre-employment process), regardless of time of discovery, may be sufficient grounds for rejection of me as a candidate for employment and/or termination of my employment.
- In accordance with applicable law, I agree to submit to any physical examination requested by the City (including screening for substance abuse), in connection with the processing of my application for employment should I be offered and accept a job with The City of Frederick.
- If hired, I understand that I will be required to furnish proof of identity and authorization to work in the United States.
- I understand that any offer of employment by The City of Frederick is of an indefinite duration and that either the City or I may terminate that employment at any time with or without notice for any or no reason. This statement does not nullify the requirements of the Law Enforcement Officer’s Bill of Rights (LEOBR) for sworn employees of The City of Frederick.
- Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. This law DOES NOT APPLY to an individual who applies for employment or is employed as a law enforcement officer or as an employee of a law enforcement agency of the State, a County, or municipal corporation.

Signature: _____ Date: _____

8. SUBMIT COMPLETED APPLICATION TO:

THE CITY OF FREDERICK HUMAN RESOURCES 101 NORTH COURT STREET FREDERICK, MARYLAND 21701	PHONE: (301) 600-1885 FAX: (301) 600-1878 JOB LINE: (301) 600-6202	POLICE DEPARTMENT ONLY: FREDERICK POLICE DEPARTMENT 100 WEST PATRICK STREET FREDERICK, MARYLAND 21701	PHONE: (301) 600-2133 FAX: (301) 600-6201 TDD: (301) 600-3000
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<http://www.cityoffrederick.com>

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY.

The City of Frederick considers all job applicants without regard to race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, marital status, veteran/reserve/national guard status, genetic information, or any other legally protected group. We comply with all applicable laws governing employment practices, and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide this information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment and is filed separately from your Application for Employment. It will not in any way influence the hiring process and/or hiring decisions. This information will remain confidential and will be used in accordance with applicable laws and regulations regarding affirmative action.

POSITION APPLIED FOR: _____ **JOB ANNOUNCEMENT #** _____

LAST NAME	FIRST NAME	MIDDLE INITIAL

GENDER:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Ethnic Origin: Please check your ethnic origin below.

Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

<input type="checkbox"/> White	(Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black/African American	(Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Pacific Island Native Hawaiian	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, and Samoa.
<input type="checkbox"/> American Indian or Alaskan Native	All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliations or community recognition.

Sources of Applicants: How did you hear of the job for which you are applying?

- City Cable Listing
- City of Frederick Web Site
- Employee Referral (Please List Employee Name): _____
- Job Announcement Posting
- Job Fair
- Job Service Office
- Newspaper (Please List Name of Newspaper): _____
- Other Web Site (Please List Site): _____
- Other (Please List): _____